

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15928**
Registrar's No. **4326**

FILED MAY 18 1943
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2209a Salisbury St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Mary Busalaki.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Feb. 14, 1906** (Month) (Day) (Year)

8. AGE: Years **37** Months **2** Days **24** If less than one day hr. min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housework.**

11. Industry or business

MOTHER FATHER { 12. Name **Anthony Busalaki.** 13. Birthplace **Italy** (City, town, or county) (State or foreign country) 14. Maiden name **Rose Shanto.** 15. Birthplace **Italy** (City, town, or county) (State or foreign country)

16. (a) Informant **Anthony Busalaki**

(b) Address **2209a Salisbury St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 11, 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **James J. Michael**

(b) Address **1431 Union Blvd.**

19. (a) **MAY 10 1943** (Date received for local registration) (b) **J. F. Bradeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **2209a Salisbury St.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8** year **1943** hour **2** minute **05** P. M.

21. I hereby certify that I attended the deceased from **May 6, 1943** to **May 8, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration

Due to **long standing**

Due to **long standing**

Other conditions **General debility** (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature **C. O. C. Max** (M. D. or other)

Address **220 Union St. St. Louis**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

U.C.
me

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

William J. Evans

Licensed Embalmer No.

4319

P. O. Address.....

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.